

Family Planning Program
Class D Pharmacy License Exemption Request

**PART I – AGENCY/CLINIC INFORMATION**

| | | | | |
|------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|--------------------|---------------------|
| Agency Name The Heidi Group | | | | |
| Clinic Name (Clinic Requesting Waiver) Michael A McFarland, MD | | | | |
| Clinic Address (Clinic Requesting Waiver - Physical Address) 1105 Oak Street Suite A | City Jourdanton | County Atascosa | State TX | ZIP 78026 |
| Contact Name Toni Moman | Contact Telephone Number 512-255-2088 | Contact Email Address toni@heidigroup.org | | |

PART II – PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- location of referral pharmacy/pharmacies in relation to clients and clinic site,
- discussion of elimination of barriers to clients receiving medications, and
- how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- Pharmacy location will be selected for proximity to the clinic site. Walmart 2151 W. Oaklan Rd. Pleasanton, TX 78064
- The Clinic will provide the Pharmacy with a credit card along with the faxed/e-mailed prescription for the patient which will be kept on file for re-fills. The provider will submit for reimbursement from the Family Planning Program.
- The Clinic will provide prescriptions to the Pharmacy for generic 12-month prescriptions for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.
- This method of payment is to ensure no barrier is created to keep the patient from receiving the prescribed medication at no personal cost and no additional clinic visits.

PART III – PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is in the process of obtaining a Class D pharmacy license but needs to serve patients in FPP now.

PART IV – MEMORANDUM OF UNDERSTANDING (MOU)

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- anti-infectives for the treatment of STIs and other infections; and

PART V – POLICY

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

Carol Everett

Digitally signed by Carol Everett
 Date: 2016.12.13 14:56:52 -06'00'

12/13/2016

Signature

Date

Class D Pharmacy Exemption Granted: ☐ Yes ☐ No

Signature

Date



Family Planning Program

Pharmacy and Medication Policy

The Heidi Group/Michael A. Farland, M.D. will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
 - a. Provide a Class D Pharmacy License number.
 - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
 - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. A Class D Pharmacy License Exemption Request will be completed and submitted for each clinic without a Class D Pharmacy License number.
4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.



Family Planning Program Class D Pharmacy License Exemption Request

PART I – AGENCY/CLINIC INFORMATION

| | | | | |
|----------------------------------------------------------------------------------------------------|--|-------------------------------------------------|-----------------------------------------------------|--------------------|
| Agency Name The Heidi Group | | | | |
| Clinic Name (Clinic Requesting Waiver) Rio Grande Women's Clinic | | | | |
| Clinic Address (Clinic Requesting Waiver - Physical Address) 427 E Duranta Ave Suite 108 | | City Alamo | County Hidalgo | State TX |
| Contact Name Toni Moman | | Contact Telephone Number 512-255-2088 | Contact Email Address toni@heidigroup.org | |

PART II – PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) Pharmacy location will be selected for proximity to the clinic site.
- b) The Pharmacy will bill the Clinic provider. The provider will pay the pharmacy invoice and then submit for reimbursement from the Family Planning Program.
- c) Agreement with the pharmacy to provide 12-month prescription for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.

PART III – PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is associated with Rio Grande Hospital and will obtain an MoU from the Hospital Pharmacy.

PART IV – MEMORANDUM OF UNDERSTANDING (MOU)

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

PART V – POLICY

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

Carol Everett

Digitally signed by Carol Everett
Date: 2016.12.13 14:56:52 -06'00'

12/13/2016

Signature

Date

Class D Pharmacy Exemption Granted: ☐ Yes ☐ No

Signature

Date

MEMO OF UNDERSTANDING

Luis Pharmacy

(Name of Pharmacy)

has an agreement with RGRH Alamo OB Clinic

(Doctor or Clinic)

to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

RGRH Alamo OB Clinic will be billed for the prescriptions and in turn will seek reimbursement

(Doctor or Clinic)

from the State of Texas through the Family Planning Program.

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring) :
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.

[Signature]

Pharmacy Representative

Compliance Officer

Title

12/15/16

Date

Pharmacy Address:

[Signature]

Physician or Clinic Representative

12-15-16

Date





Family Planning Program

Pharmacy and Medication Policy

The Heidi Group/Rio Grande Women's Clinic Alamo will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
 - a. Provide a Class D Pharmacy License number.
 - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
 - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. A Class D Pharmacy License Exemption Request will be completed and submitted for each clinic without a Class D Pharmacy License number.
4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.



Family Planning Program
Class D Pharmacy License Exemption Request



PART I – AGENCY/CLINIC INFORMATION

| | | | | |
|---------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|--------------------|---------------------|
| Agency Name The Heidi Group | | | | |
| Clinic Name (Clinic Requesting Waiver) Rio Grande Women's Clinic | | | | |
| Clinic Address (Clinic Requesting Waiver - Physical Address) 2502 E Richardson Rd | City Edinburg | County Hidalgo | State TX | ZIP 78542 |
| Contact Name Toni Moman | Contact Telephone Number 512-255-2088 | Contact Email Address toni@heidigroup.org | | |

PART II – PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) Pharmacy location will be selected for proximity to the clinic site.
- b) The Pharmacy will bill the Clinic provider. The provider will pay the pharmacy invoice and then submit for reimbursement from the Family Planning Program.
- c) Agreement with the pharmacy to provide 12-month prescription for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.

PART III – PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is associated with Rio Grande Hospital and will obtain an MoU from the Hospital Pharmacy.

PART IV – MEMORANDUM OF UNDERSTANDING (MoU)

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

PART V – POLICY

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

Carol Everett

Digitally signed by Carol Everett
Date: 2016.12.13 14:56:52 -06'00'

12/13/2016

Signature

Date

Class D Pharmacy Exemption Granted: ☐ Yes ☐ No

Signature

Date

MEMO OF UNDERSTANDING

Woods Pharmacy has an agreement with RGRH Edinburg OB Clinic
(Name of Pharmacy) (Doctor or Clinic)
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

RGRH Edinburg OB Clinic will be billed for the prescriptions and in turn will seek reimbursement
(Doctor or Clinic)
from the State of Texas through the Family Planning Program.

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring) :
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.

[Signature] Compliance Officer
Pharmacy Representative Title
12/15/16
Date

Pharmacy Address:

[Signature]
Physician or Clinic Representative
12-15-16
Date





Family Planning Program

Pharmacy and Medication Policy

The Heidi Group/Rio Grande Women's Clinic Edinburg will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
 - a. Provide a Class D Pharmacy License number.
 - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
 - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. A Class D Pharmacy License Exemption Request will be completed and submitted for each clinic without a Class D Pharmacy License number.
4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.



Family Planning Program

Class D Pharmacy License Exemption Request

PART I – AGENCY/CLINIC INFORMATION

| | | | | |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|--------------------|---------------------|
| Agency Name The Heidi Group | | | | |
| Clinic Name (Clinic Requesting Waiver) Rio Grande Women's Clinic | | | | |
| Clinic Address (Clinic Requesting Waiver - Physical Address) 1/4 Mile W Buena Vista & Hwy 83 | City La Joya | County Hidalgo | State TX | ZIP 78560 |
| Contact Name Toni Moman | Contact Telephone Number 512-255-2088 | Contact Email Address toni@heidigroup.org | | |

PART II – PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) Pharmacy location will be selected for proximity to the clinic site.
- b) The Pharmacy will bill the Clinic provider. The provider will pay the pharmacy invoice and then submit for reimbursement from the Family Planning Program.
- c) Agreement with the pharmacy to provide 12-month prescription for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.

PART III – PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is associated with Rio Grande Hospital and will obtain an MoU from the Hospital Pharmacy.

PART IV – MEMORANDUM OF UNDERSTANDING (MOU)

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

PART V – POLICY

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

Carol Everett

Digitally signed by Carol Everett
 Date: 2016.12.13 14:56:52 -06'00'

12/13/2016

Signature

Date

Class D Pharmacy Exemption Granted: ☐ Yes ☐ No

Signature

Date

MEMO OF UNDERSTANDING

Lois Pharmacy has an agreement with RGRH La Joya OB Clinic
(Name of Pharmacy) (Doctor or Clinic)
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

RGRH La Joya OB Clinic will be billed for the prescriptions and in turn will seek reimbursement
(Doctor or Clinic)
from the State of Texas through the Family Planning Program.

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring) :
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.

HSB Compliance Officer
Pharmacy Representative Title
12/15/16
Date

Pharmacy Address:

[Signature]
Physician or Clinic Representative
12-15-16
Date





Family Planning Program

Pharmacy and Medication Policy

The Heidi Group/Rio Grande Women's Clinic La Joya will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
 - a. Provide a Class D Pharmacy License number.
 - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
 - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. A Class D Pharmacy License Exemption Request will be completed and submitted for each clinic without a Class D Pharmacy License number.
4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.



**Family Planning Program
Class D Pharmacy License Exemption Request**

**PART I – AGENCY/CLINIC INFORMATION**

| | | | | |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|--------------------|---------------------|
| Agency Name The Heidi Group | | | | |
| Clinic Name (Clinic Requesting Waiver) Rio Grande Women's Clinic | | | | |
| Clinic Address (Clinic Requesting Waiver - Physical Address) 222 East Ridge Road Suite 101 | City McAllen | County Hidalgo | State TX | ZIP 78501 |
| Contact Name Toni Moman | Contact Telephone Number 512-255-2088 | Contact Email Address toni@heidigroup.org | | |

PART II – PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- location of referral pharmacy/pharmacies in relation to clients and clinic site,
- discussion of elimination of barriers to clients receiving medications, and
- how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- Pharmacy location will be selected for proximity to the clinic site.
- The Pharmacy will bill the Clinic provider. The provider will pay the pharmacy invoice and then submit for reimbursement from the Family Planning Program.
- Agreement with the pharmacy to provide 12-month prescription for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.

PART III – PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is associated with Rio Grande Hospital and will obtain an MoU from the Hospital Pharmacy.

PART IV – MEMORANDUM OF UNDERSTANDING (MOU)

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- anti-infectives for the treatment of STIs and other infections; and

PART V – POLICY

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

Carol Everett

Digitally signed by Carol Everett
Date: 2016.12.13 14:56:52 -06'00'

12/13/2016

Signature

Date

Class D Pharmacy Exemption Granted: ☐ Yes ☐ No

Signature

Date

MEMO OF UNDERSTANDING

Lois Pharmacy has an agreement with RGRH McAllen OB Clinic
(Name of Pharmacy) (Doctor or Clinic)
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

RGRH McAllen OB Clinic will be billed for the prescriptions and in turn will seek reimbursement
(Doctor or Clinic)
from the State of Texas through the Family Planning Program.

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring) :
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.

[Signature] Compliance Officer
Pharmacy Representative Title
12/15/16
Date

Pharmacy Address:

[Signature]
Physician or Clinic Representative
12-15-16
Date





Family Planning Program

Pharmacy and Medication Policy

The Heidi Group/Rio Grande Women's Clinic Mc Allen will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
 - a. Provide a Class D Pharmacy License number.
 - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
 - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. A Class D Pharmacy License Exemption Request will be completed and submitted for each clinic without a Class D Pharmacy License number.
4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.



**Family Planning Program
Class D Pharmacy License Exemption Request**

**PART I – AGENCY/CLINIC INFORMATION**

| | | | | |
|------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|--------------------|---------------------|
| Agency Name The Heidi Group | | | | |
| Clinic Name (Clinic Requesting Waiver) Christy Scoggins Family Clinic | | | | |
| Clinic Address (Clinic Requesting Waiver - Physical Address) 1712 Hwy 1431 W Suite B | City Marble Falls | County Burnet | State TX | ZIP 78654 |
| Contact Name Toni Moman | Contact Telephone Number 512-255-2088 | Contact Email Address toni@heidigroup.org | | |

PART II – PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- location of referral pharmacy/pharmacies in relation to clients and clinic site,
- discussion of elimination of barriers to clients receiving medications, and
- how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- Pharmacy location will be selected for proximity to the clinic site.
- The Pharmacy will bill the Clinic provider. The provider will pay the pharmacy invoice and then submit for reimbursement from the Family Planning Program.
- Agreement with the pharmacy to provide 12-month prescription for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.

PART III – PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is in the process of obtaining a Class D pharmacy license but needs to serve patients in FPP now.

PART IV – MEMORANDUM OF UNDERSTANDING (MOU)

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- anti-infectives for the treatment of STIs and other infections; and

PART V – POLICY

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

Carol Everett

Digitally signed by Carol Everett
Date: 2016.12.13 14:56:52 -06'00'

12/13/2016

Signature

Date

Class D Pharmacy Exemption Granted: ☐ Yes ☐ No

Signature

Date

MEMO OF UNDERSTANDING

Atkins Express has an agreement with Christy Scoggins Family Clinic
(Name of Pharmacy) (Doctor or Clinic)
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

Christy Scoggins Family Clinic will be billed for the prescriptions and in turn will seek reimbursement
(Doctor or Clinic) from the State of Texas through the Family Planning Program.

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring) ;
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.

[Signature]
Pharmacy Representative

President Owner
Title

12-15-2016
Date

Pharmacy Address:

Christy Scoggins
Physician or Clinic Representative

12/14/16
Date



MEMO OF UNDERSTANDING

Atkins Pharmacy has an agreement with Christy Scoggins Family Clinic
(Name of Pharmacy) (Doctor or Clinic)
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

Christy Scoggins Family Clinic will be billed for the prescriptions and in turn will seek reimbursement
(Doctor or Clinic) from the State of Texas through the Family Planning Program.

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring) :
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.

Joe (Michael Lacey) PIC
Pharmacy Representative Title

12-15-2016
Date

Pharmacy Address:

Christy Scoggins
Physician or Clinic Representative
12/14/16
Date





Family Planning Program

Pharmacy and Medication Policy

The Heidi Group/Christy Scoggins Family Clinic, will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
 - a. Provide a Class D Pharmacy License number.
 - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
 - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. A Class D Pharmacy License Exemption Request will be completed and submitted for each clinic without a Class D Pharmacy License number.
4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.



Family Planning Program

Class D Pharmacy License Exemption Request

PART I – AGENCY/CLINIC INFORMATION

| | | | | |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|--------------------------|--------------------|
| Agency Name The Heidi Group | | | | |
| Clinic Name (Clinic Requesting Waiver) Cheng Chien Song, MD | | | | |
| Clinic Address (Clinic Requesting Waiver - Physical Address) 1001 12th Ave. Suite 154 | | City Ft Worth | County Tarrant | State TX |
| | | ZIP 76101 | | |
| Contact Name Toni Moman | Contact Telephone Number 512-255-2088 | Contact Email Address toni@heidigroup.org | | |

PART II – PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) Pharmacy location will be selected for proximity to the clinic site. Walmart 717 W. Berry St. Fort Worth, TX 76110
- b) The Clinic will provide the Pharmacy with a credit card along with the faxed/e-mailed prescription for the patient which will be kept on file for re-fills. The provider will submit for reimbursement from the Family Planning Program.
- c) The Clinic will provide prescriptions to the Pharmacy for generic 12-month prescriptions for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.
- d) This method of payment is to ensure no barrier is created to keep the patient from receiving the prescribed medication at no personal cost and no additional clinic visits.

PART III – PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is in the process of obtaining a Class D pharmacy license but needs to serve patients in FPP now.

PART IV – MEMORANDUM OF UNDERSTANDING (MOU)

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

PART V – POLICY

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

Carol Everett

Digitally signed by Carol Everett
 Date: 2016.12.13 14:56:52 -06'00'

12/13/2016

Signature

Date

Class D Pharmacy Exemption Granted: ☐ Yes ☐ No

Signature

Date



Family Planning Program

Pharmacy and Medication Policy

The Heidi Group/Cheng Chien Song, MD, will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
 - a. Provide a Class D Pharmacy License number.
 - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
 - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. A Class D Pharmacy License Exemption Request will be completed and submitted for each clinic without a Class D Pharmacy License number.
4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.



Family Planning Program

Class D Pharmacy License Exemption Request

PART I – AGENCY/CLINIC INFORMATION

| | | | | |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|--------------------|---------------------|
| Agency Name The Heidi Group | | | | |
| Clinic Name (Clinic Requesting Waiver) Tenison Women's Health Center | | | | |
| Clinic Address (Clinic Requesting Waiver - Physical Address) 5505 Broadway Blvd. Suite B | City Garland | County Dallas | State TX | ZIP 75043 |
| Contact Name Toni Moman | Contact Telephone Number 512-255-2088 | Contact Email Address toni@heidigroup.org | | |

PART II – PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

| |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>a) Pharmacy location will be selected for proximity to the clinic site. Walmart 3959 Broadway Blvd. Garland, TX 75043</p> <p>b) The Clinic will provide the Pharmacy with a credit card along with the faxed/e-mailed prescription for the patient which will be kept on file for re-fills. The provider will submit for reimbursement from the Family Planning Program.</p> <p>c) The Clinic will provide prescriptions to the Pharmacy for generic 12-month prescriptions for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.</p> <p>d) This method of payment is to ensure no barrier is created to keep the patient from receiving the prescribed medication at no personal cost and no additional clinic visits.</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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PART V – POLICY

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

Carol Everett

Signature

Digitally signed by Carol Everett
 Date: 2016.12.13 14:56:52 -06'00'

12/13/2016

Date

Class D Pharmacy Exemption Granted: ☐ Yes ☐ No

Signature

Date



Family Planning Program

Pharmacy and Medication Policy

The Heidi Group/Tenison Women's Health Center Garland, will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
 - a. Provide a Class D Pharmacy License number.
 - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
 - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
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4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.





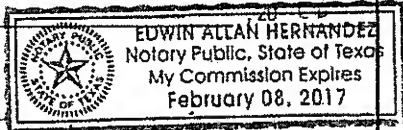
TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-600 Austin, Texas 78701

512-305-8000 * www.pharmacy.texas.gov

Clinic Pharmacy (Class D) License Application

| 1 Pharmacy Name & Location Address (Street, City, ZIP) | | FOR TSBP USE ONLY | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|---------------|
| | | License No. | Amount | Receipt No. | Applicant No. |
| Tenison Women's Health Center 5505 Broadway Blvd. Suite B Garland, TX 75043 | | | | | |
| 2 Pharmacy Telephone Number: 214) 703-6527 Pharmacy Fax Number: 214) 703-6514 Web Address: Email Address: | | 5 <input type="checkbox"/> Check here if for a NEW PHARMACY <input type="checkbox"/> Check here if a CHANGE OF OWNERSHIP. If change of ownership, indicate previous name, address and license number of pharmacy: | | | |
| 3 Type of Ownership (check one) <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other (specify) _____ | | 6 Application Fee Payable to Texas State Board of Pharmacy Pharmacy License \$454 # of Pharmacy Balances/Scales <u>1</u> x \$25.00 \$ TOTAL DUE \$ | | | |
| 4 Type of Pharmacy (check one) <input checked="" type="checkbox"/> Public Health <input type="checkbox"/> Other (specify) <u>Family Planning</u> | | 7 Description of Services - Check All That Apply <input type="checkbox"/> Alternative Visitation Schedule <input type="checkbox"/> Other (specify below): <input type="checkbox"/> Expanded Formulary <input type="checkbox"/> Home Delivery | | | |
| 8 Pharmacist-in-Charge License # MARISSA E. QUINNORKE 42568 (Print or type) | | 11 Anticipated Date of Opening and Hours of Operation: 7/1/2016 9-5 M-F | | | |
| 9 By my signature, I acknowledge I am the pharmacist-in-charge of this pharmacy and attest that I have read and understand the laws and rules relating to this class of pharmacy. THIS SIGNATURE MUST BE NOTARIZED MARISSA E. QUINNORKE 6/24/16 Signature of Pharmacist-in-Charge Date | | 12 Staff Pharmacist(s) License # | | | |
| 10 Subscribed and sworn to before me this 29th day of June Notary Public | | 13 Registered Technician(s) Registration # | | | |



NOTICE: A Class D pharmacy license shall not be issued to a physician's office.

Texas State Board of Pharmacy Rules define Clinic Pharmacy (Class D) as a facility/location other than a physician's office, where limited types of dangerous drugs or devices restricted to those listed in and approved for the clinic's formulary are stored, administered, provided, or dispensed to outpatients. (e.g. planned parenthood, public health).

Read Rule 291.93.

| | |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 14 | Class D Clinic Pharmacy (a) Name and Texas License Number of Medical Director: _____ (b) Attach a copy of the Pharmacy's Policy and Procedure Manual, which must include the clinic drug formulary if requesting permission to maintain an expanded formulary or an alternative visitation schedule, see Board Rule 291.93. |
| 15 | PRIMARY OWNER OR ONE OF THE MANAGING OFFICERS MUST ANSWER THE FOLLOWING QUESTIONS: 1. Has the pharmacy, or the corporation, partnership, or other entity that owns the pharmacy, been the subject of <u>any</u> professional disciplinary action or are any such actions pending against this entity by a regulatory authority? (Examples: surrender, revocation, reinstatement, suspension, fine, probation, restriction). Include such information for <u>all</u> states, including Texas, and for all regulated professions. <input type="checkbox"/> YES* <input type="checkbox"/> NO *If you answered "yes" to Question #1, include the name of the Board, licensing or disciplinary authority and the date of the Order, and, if applicable, the date of the termination of the condition and/or probation. 2. Has the pharmacy, or the corporation, partnership, or other entity that owns the pharmacy, been subject to court ordered probation as related to any offense? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 3. Are the customer service areas of the Pharmacy accessible to disabled persons, as defined by federal law? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4. Does the pharmacy provide translating services for customers, including translating services for a person with impairment of hearing? If yes, what type of translating services does the pharmacy provide? (check all that apply): <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> 1 Spanish <input type="checkbox"/> 3 Telecommunication Device for the Deaf (TDD)</div><div><input type="checkbox"/> 5 AT&T Translating Service</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> 2 Vietnamese <input type="checkbox"/> 4 American Sign Language</div><div><input type="checkbox"/> 6 Other</div></div> <input type="checkbox"/> YES <input type="checkbox"/> NO 5. Does this pharmacy participate in the Texas Medicaid program? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 6. Does this pharmacy participate in the Texas State Kids Insurance Program (SKIP)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 16 | ATTEST: I hereby attest that the foregoing statements, on this form or those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Texas Pharmacy Act. I agree to comply with the Texas Pharmacy Act and Rules. THIS SIGNATURE MUST BE NOTARIZED: <div style="display: flex; justify-content: space-between;"><div>Signature of Owner / Managing Officer _____</div><div>Date _____</div><div>Subscribed and sworn to before me this _____ day of _____, 20____</div></div> <div style="display: flex; justify-content: space-between;"><div>Owner / Managing Officer's Name (Type or Print) _____</div><div>Notary Public _____</div></div> |